

CONGREGATION BETH ISRAEL SCHOLARSHIP APPLICATION 2018-2019

PLEASE TYPE OR PRINT. Answer all questions completely. Any form that is returned to us incomplete will be sent back to you. All information will be treated with the strictest confidentiality. If you have questions about completing this application, call 713-271-7369. **Please submit this application by June 1, 2018:**

Congregation Beth Israel, Miriam Browning Jewish Learning Center
Attn: Samara Schwartz
5600 N. Braeswood
Houston, TX 77096

FINAL DEADLINE FOR SUBMISSION: JUNE 15, 2018

PLEASE TYPE OR PRINT IN INK.

I. STUDENT INFORMATION

Student's name (first) _____ (last) _____

Age _____ Male Female Birthdate _____

Grade as of Fall, 2018 _____ Public School or Private School

Name of School _____

Applying for scholarship to _____

II. PARENT/GUARDIAN INFORMATION

<p>Parent/Guardian 1:</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Child lives with parent _____ % of the time</p> <p>Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____</p> <p>Congregation name _____</p> <p>Parent's name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home Phone _____</p> <p>Email _____</p> <p>Employer _____</p> <p>Title/Position _____</p> <p>Years with employer _____</p> <p>Work phone _____</p> <p>Cell phone _____</p> <p>If unemployed, date unemployed _____</p> <p>Gross salary before unemployed _____</p> <p>Profession before unemployed _____</p>	<p>Parent/Guardian 2:</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Child lives with parent _____ % of the time</p> <p>Religious affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____</p> <p>Congregation name _____</p> <p>Parent's name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Home phone _____</p> <p>Email _____</p> <p>Employer _____</p> <p>Title/position _____</p> <p>Years with employer _____</p> <p>Work phone _____</p> <p>Cell phone _____</p> <p>If unemployed, date unemployed _____</p> <p>Gross salary before unemployed _____</p> <p>Profession before unemployed _____</p>
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III. FAMILY INFORMATION

- A. **Parent/Guardians' Marital Status:** Married Widowed Divorced
 Both deceased Single Separated
 Remarried (as of what date? _____)

If divorced, single, or separated, complete the following:

- (1) Date of divorce or separation: (month and year) _____
 (2) Custodial parent: Parent 1 Parent 2 Joint custody

IV. PARENTS' FINANCIAL INFORMATION (Please provide ALL information requested.)

INCOME

			2016	2017	2018
1.	Gross salaries and wages (including non-taxable retirement contributions and flexible benefits)	Parent 1			
		Parent 2			
2.	Alimony/maintenance				
3.	Child support for all children				
4.	Public aid, food stamps, SSI (disability, death benefits, etc. received by any family members)				

V. PARENTS' FINANCIAL INFORMATION (Please provide ALL information requested.)

- Has your family received financial assistance for camp or trips in previous years?
- Special Circumstances. Please explain why financial aid is needed by giving us any additional information that would be helpful for us to know. This might include unusual expenses you had in the past year or expect next year, significant changes in income in recent years or expected next year, illness, housing or employment difficulties, debts, support of aged relatives, etc.
- Note: You must be a member in good standing with tuition, fees and fair share dues up to date for the 2017-2018 fiscal year in order to be eligible for a scholarship.** If for ANY reason your membership at Congregation Beth Israel is not in good standing, please explain your circumstances.

IV. COST/FUNDING INFORMATION

COSTS

Total Tuition \$ _____
For Camp/Trip

**COSTS and FUNDING MUST balance.
Parent contribution and Congregation
request MUST be stated.**

FUNDING

Parent contribution \$ _____
Congregation Request \$ _____
Other income/contributions \$ _____
TOTAL: \$ _____

We have reviewed this application and affirm that the information given is complete and correct.

Signature of parent or guardian

Date

Signature of parent or guardian

Date